## **EXHIBIT F**

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IN THE UNITED STATES DISTRICT COURT
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        FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
                   CHARLESTON DIVISION
 4
    IN RE: ETHICON, INC., PELVIC ) MASTER FILE NO.
    REPAIR SYSTEM PRODUCTS
                           ) 2:12-MD-02327
 5
    LIABILITY LITIGATION
                                   ) MDL NO. 2327
   THIS DOCUMENT RELATES TO THE ) JOSEPH R. GOODWIN
 6
    FOLLOWING CASES IN THE WAVE 1 ) U.S. DISTRICT JUDGE
    OF MDL 200:
    PATTI ANN PHELPS, et al., ) CASE NO.
8
                                   ) 2:12-cv-01171
                   Plaintiff,
9
    V.
10
    ETHICON, INC., ET AL.,
11
                   Defendants.
12
     DEPOSITION OF KIMBERLY H. ALLISON, M.D.
13
14
                        THURSDAY, MARCH 17, 2016
   DATE:
15
   TIME:
                        4:10 P.M.
16
   LOCATION:
                        STANFORD PARK HOTEL
17
                        100 El Camino Real
18
                        Menlo Park, California
19
20
21
   Reported by:
22
    LUCY CARRILLO-GRUBBS, RMR, CRR, RPR, CRP, CSR
    License No. 6766
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- 1 Q. All right.
- 2 Do you know if it's a motor?
- 3 A. No.
- 4 Q. Do you know if it's a sensory?
- 5 A. No.
- Q. You just know it's there?
- 7 A. Yes.
- Q. Any comment on its appearance?
- 9 MS. O'DELL: Apparent?
- MR. VOUDOURIS: Appearance.
- 11 THE WITNESS: Okay.
- MS. O'DELL: Apparent of a nerve, I'd never
- 13 heard that before. Appearance.
- 14 THE WITNESS: No, they're not neuromas, if
- 15 that's what you're asking.
- 16 BY MR. VOUDOURIS:
- 17 O. No traumatic neuromas?
- 18 A. No.
- Q. Are there any ganglia there?
- A. No, not in this image, no. I don't think
- 21 I noted ganglia in this particular case.
- No, I did not.
- Q. Can you circle for me where you see a
- 24 foreign body giant cell reaction?
- A. It's not prominent in this image.

- 1 0. Okay.
- 2 A. I wouldn't circle anything.
- Q. What do you call this area here
- 4 (indicating)?
- 5 A. That looks to me like poor tissue
- 6 preservation effect. It's paler than the rest of
- 7 the stain on the slide, and that can happen when
- 8 the tissue for whatever reason wasn't -- this --
- 9 this spot didn't process well.
- 10 Q. Could you put a circle around that,
- 11 please?
- 12 A. But the rest of it looks fine.
- 13 (Witness complies.)
- Q. So you believe that's due to processing?
- 15 A. Yes.
- 16 Q. Could you just mark that?
- 17 A. (Witness complies.)
- 18 Q. The tree barking, can you point me to
- 19 anywhere in your reference literature, any article
- 20 that describes or ascribes any clinical
- 21 significance to a patient from this tree barking?
- 22 A. Iakovlev's the one who has described this,
- 23 and would you like me to review it? He's looked
- 24 at --
- Q. No, that's fine. You're referring to

- 1 Dr. Iakovlev.
- 2 A. Okay.
- Q. Anyone else other than Dr. Iakovlev?
- 4 A. There are not other pathologists who have
- 5 published on this particular topic, no.
- 6 Q. Anything else of significance you want to
- 7 tell the jury about 8B?
- 8 A. 8B. No.
- 9 Q. 8C. What, if anything, would you tell the
- 10 jury significant about your findings on 8C?
- 11 A. This is very abnormal skeletal muscle.
- 12 It's very scarred and fibrotic. The skeletal
- 13 muscle fibers are -- the fibrosis courses through
- 14 them in a very abnormal way. This isn't just a
- 15 scar adjacent to skeletal muscle. This is all
- 16 scarred area that envelopes the skeletal muscle.
- 17 And the next page I have some more of the higher
- 18 powered findings.
- 19 Q. I'm sorry, are you done? I just want to
- 20 stick with 8C before I move on.
- 21 A. Okay.
- Q. 8C reflects to what on the pathology
- report that we marked as Exhibit 9?
- A. Specimen No. 2, rule out foreign material.
- Q. Again, there's no mesh here?

- 1 A. There's no mesh here, no.
- Q. Any nerves here?
- 3 A. I can't tell from this power.
- 4 Q. Again, we're at 4X?
- 5 A. Yes.
- 6 Q. And you said there was abnormal tissue?
- 7 A. Scarred skeletal muscle.
- Q. Why don't you draw where the scarred
- 9 skeletal muscle is?
- 10 A. That's the whole image.
- 11 You want me to indicate the skeletal
- 12 muscle fiber with an arrow or --
- Q. However you want to do it.
- 14 A. (Witness complies.)
- Skeletal muscle fiber. Fiber, I quess
- 16 example of one. They're all over. I guess I could
- 17 circle the whole thing.
- 18 Q. You just want to circle that, is that what
- 19 you mean?
- MS. O'DELL: Well, don't let defense counsel
- 21 suggest to you what you mean, Dr. Allison.
- MR. VOUDOURIS: I never want to do that,
- 23 Dr. Allison.
- MS. O'DELL: You do what you feel is
- 25 appropriate.

- 1 BY MR. VOUDOURIS:
- Q. You circled skeletal muscle fiber, so
- 3 that's a fiber right there?
- 4 A. Yes.
- 5 Q. There you go, that's all I wanted you to
- 6 do. Maybe circle a few more so we have an idea.
- 7 A. This is all scar (indicating), and these
- 8 nucl- -- these dark spots are multinuclei,
- 9 atrophic, dead, dying skeletal muscle fibers, but
- 10 they're better seen on the next image and I'm happy
- 11 to circle them more on this.
- This is all scar, this whole thing is scar
- 13 (indicating).
- 0. The entire thing is scar?
- 15 A. It's -- it's all scarred skeletal muscle
- 16 fibers. It's a very low powered picture of that
- 17 whole thing.
- Q. Want to just put that up here, then?
- 19 A. (Witness complies.)
- Q. Do you know what a tissue would look like
- in a woman suffering from pelvic laxity who did not
- 22 have mesh?
- 23 A. We don't typically see explants from those
- 24 patients, but I would not imagine that her skeletal
- 25 muscle would be this disorganized and scarred.

- Q. And at Stanford, have you seen skeletal
- 2 muscle from women who have pelvic laxity that do
- 3 not have mesh?
- 4 MS. O'DELL: Object to form. That's too close,
- 5 Counsel, just --
- 6 THE WITNESS: No, we don't get those kinds of
- 7 specimens, as far as I'm aware.
- 8 MR. VOUDOURIS: Okay.
- 9 Q. So you haven't; is that correct?
- 10 A. Correct.
- 11 Q. All right.
- 12 What's the next slide?
- 13 A. So this is a 10X view of one of these
- 14 areas with the scar engulfing the skeletal muscle
- 15 fibers.
- 16 Q. Can you go back and like you did before
- 17 and do a little box to show what 8D looks like on
- 18 8C?
- MS. O'DELL: If you can, don't guess.
- THE WITNESS: I'm not sure that it's...
- Yeah, I think it's this area here, so
- let's put a box (witness complies.)
- MR. VOUDOURIS: Why don't you make that box a
- little more definable for everybody.
- MS. O'DELL: Yeah, I was just about to say

- 1 tissue, which is the precursor to a scar, so it's
- 2 organizing fiber vascular tissue that then
- 3 organizes itself into a scar.
- 4 Q. So a capillary's in the scar?
- 5 A. Typically not in the middle of the scarred
- 6 area, but they can be found on the periphery.
- 7 Q. Okay.
- 8 A. Scar tends to push things out of the way.
- 9 But you have to have some blood vessels feeding any
- 10 tissue, otherwise it would necrose.
- 11 So in some way -- I mean, the scar is
- 12 mainly extracellular material, but there are some
- 13 cells present as well.
- Q. 8D I think, I apologize, we're going back
- and forth, anything else that you want to --
- 16 anything else of significance on 8D?
- 17 A. No.
- 0. And this -- there's scar on this
- 19 photograph?
- 20 A. Yes.
- Q. Where's the scar?
- A. Again, it's the whole area, the scar is
- 23 engulfing the entire image, and these are little
- 24 islands of dying skeletal muscle within it. So I
- 25 can't really -- I would have to circle the whole

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1
    area.
 2.
             (Witness complies.)
 3
             Some areas have, you know, more scar and
     less skeletal muscle, but the scar's going all the
 4
 5
    way around these muscle fibers.
 6
         Q. All right.
 7
             So can you just label scar, please?
            (Witness complies.)
 8
         Α.
            All right.
 9
         Q.
10
             Next, microphotograph 8E. What of
11
     significance are you going to tell the jury about
12
     8E?
13
             8E is an S100 stain which highlights
14
    nerves, and in this image you can see multiple
15
    nerve fibers present within the tissue around the
    mesh that has fibrosis in it.
16
17
             Where are the nerves?
         Ο.
18
             I can circle them.
         Α.
19
             I would hope so.
         Q.
20
             (Witness complies.)
         Α.
21
             Thank you. Mark those as nerves.
         Q.
22
            (Witness complies.)
         Α.
23
             And you agree with Dr. Vogel's testimony,
24
    or at least his report, that using an S100 stain,
25
    you're not able to tell whether those nerves are
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- 1 sensory, correct?
- 2 A. Correct.
- Q. And you would agree with Dr. Vogel's
- 4 statement in that regard?
- 5 MS. O'DELL: Object to the form.
- 6 THE WITNESS: Yes.
- 7 BY MR. VOUDOURIS:
- Q. You see anything abnormal with these
- 9 nerves?
- 10 A. Only that they're not present in normal
- 11 tissue, they're present in scarred tissue around
- 12 mesh fibers.
- Q. And that's the only place you find nerves?
- MS. O'DELL: Object to the form.
- THE WITNESS: That's not a normal place you
- 16 find nerves.
- 17 BY MR. VOUDOURIS:
- 18 Q. How close are some of these nerves to the
- 19 mesh fiber?
- 20 A. Very close.
- Q. What's very close mean?
- 22 A. Less than a millimeter.
- 23 O. All right.
- 24 Want to just put here less than a
- 25 millimeter?

- 1 A. (Witness complies.)
- Q. Is there any foreign body giant cell
- 3 reaction going around this nerve that's less than a
- 4 millimeter from the mesh?
- 5 A. You can't appreciate that from this image.
- 6 Q. Can you appreciate any foreign body giant
- 7 cell reactions around any of these nerves in 8E?
- 8 A. No, that's not what this stain is for. It
- 9 highlights the nerve fibers and it's not -- doesn't
- 10 give you resolution for the rest of the tissue,
- 11 that would easily let you -- that's why we use H&E
- 12 for most of our characterization for the histologic
- 13 findings.
- But, you know, it's the same area that we
- 15 see the chronic inflammation and scarring from the
- other -- it's the same specimen, from the other
- images.
- So 8E is probably taken --
- 19 Q. These are from specimen one or two?
- 20 A. One. You'll see the blood vessel up here.
- 21 With each cut, though, you get slightly different
- 22 findings at each level, so it's not going to match
- 23 up perfectly with the pattern of the mesh that
- 24 you're seeing here.
- But I would imagine it would be around

- has proven and confirmed and it's
   widely accepted that this alleged
  - degradation has any clinical sequelae.")
  - 4 MS. O'DELL: If you've answered his question,
  - just tell him you've given your answer.
  - 6 THE WITNESS: I've given my answer.
  - 7 BY MR. VOUDOURIS:
  - 8 O. The answer is none, correct?
  - 9 MS. O'DELL: Object to the form.
- 10 THE WITNESS: I've given my answer.
- BY MR. VOUDOURIS:
- 12 Q. The answer is none, correct?
- MS. O'DELL: Object to the form.
- 14 THE WITNESS: There is literature looking at
- 15 degradation.
- MR. VOUDOURIS: Not my question.
- 17 THE WITNESS: In patients who have had clinical
- 18 symptoms.
- MR. VOUDOURIS: Not my question.
- 20 MS. O'DELL: It was your question. She
- 21 answered your question. You can ask it again and
- 22 she's just going to give the same answer, but she
- 23 answered your question.
- 24 BY MR. VOUDOURIS:
- Q. Handing you as what we've marked as

- 1 Defendants' Exhibit 4. 2. What is that? 3 A reference list. Α. 4 Q. So it's in addition to medical records, 5 the medical literature that you've reviewed in coming to your opinions in this case, correct? 6 7 Α. Yes. 8 Ο. Can you circle for me or highlight on that exhibit the literature that proves to a reasonable 9 10 degree of medical certainty that there is clinical sequelae in vivo from in vivo degradation? 11 12 MS. O'DELL: Object to the form. 13 THE WITNESS: No. 14 MR. VOUDOURIS: Take a quick break. 15 (Recess.) 16 MR. VOUDOURIS: Back on the record. 17 Dr. Allison, I do not have any more 18 questions for you on Ms. Phelps, pending any 19 recross after your questions by plaintiffs' 20 counsel. 21 -0-22 EXAMINATION

BY MS. O'DELL:

23

- Q. I have just a few questions, Dr. Allison.
- 25 You've been asked a series of questions about the

- 1 medical and scientific literature supporting your
- opinions in this case. Dr. Allison, is there
- 3 literature that you reviewed and relied on to
- 4 support your conclusion that degradation would
- 5 cause ongoing chronic inflammation?
- 6 MR. VOUDOURIS: Objection.
- 7 THE WITNESS: Yes. In my report, I have all of
- 8 my references there which support the statements
- 9 that I make, including -- I mean, I can list them
- 10 off again like I did in the previous case.
- 11 Costello, 2007; Iakovlev, 2015; Klinge,
- 12 2013; Klosterhalfen, 2004; Bendavid, 2014;
- 13 Riccetto, 2008; Feola, F-e-o-l-a, 2015.
- 14 BY MS. O'DELL:
- 0. Without listing them all at this moment,
- 16 are there other references that support your
- 17 opinions on your reliance list which has been
- 18 marked as Exhibit 2 -- or Exhibit 4?
- MR. VOUDOURIS: Objection, foundation and
- objection, foundation to the prior question too.
- 21 THE WITNESS: Well, there's -- it's a long
- 22 list.
- There's a lot of literature out there, and
- 24 of course there are others that I haven't listed in
- 25 specific -- specifically by name.

- 1 may answer the question.
- 2 THE WITNESS: My report covers the mechanisms
- 3 responsible for the symptoms produced by the mesh,
- 4 and that they're related to the chronic
- 5 inflammation and degradation of the mesh while in
- 6 the body.
- 7 The nerve entrapment around the fibrosis
- 8 and scar, and the stiffness that that whole process
- 9 creates, and that the clinical sequelae are related
- 10 to all of those things together. I'm not isolating
- 11 one factor.
- MR. VOUDOURIS: I am isolating one factor in my
- 13 question.
- 14 THE WITNESS: Okay, well --
- 15 BY MR. VOUDOURIS:
- 16 Q. Are you stating under oath that the
- 17 references that you said in your report that we've
- 18 marked as Exhibit 2, are medical literature that
- 19 proves that there's a clinical sequelae to the
- 20 degradation of mesh in vivo?
- 21 MS. O'DELL: Object to the form.
- THE WITNESS: We are linking all of these
- 23 findings together, so...
- 24 BY MR. VOUDOURIS:
- 25 O. Who is "we"?

- 1 A. Me, sorry, I'm linking all of these
- 2 findings together. The literature, I'm balancing
- 3 all of the findings that have been reported
- 4 clinically, the erosion, the dyspareunia, the
- 5 sequelae of mesh.
- 6 With the findings that I'm seeing, I do
- 7 see some evidence of degradation that has been
- 8 documented by other publications. And I link those
- 9 too as all related to the clinical symptoms that
- 10 these patients are undergoing.
- 11 Q. Not my question.
- 12 My question is simple: Are you stating
- under oath that the references that you've said in
- 14 your report marked as Exhibit 2 are medical
- 15 literature that proves that there's a clinical
- sequelae to the degradation of mesh in vivo?
- 17 A. No.
- MR. VOUDOURIS: Okay, thank you.
- 19 -o-
- 20 EXAMINATION
- BY MS. O'DELL:
- Q. I have a couple more questions, Doctor.
- Do you base the opinions that you've
- 24 expressed today in your deposition as well as in
- 25 your report on your review of the scientific and

- 1 medical literature?
- 2 A. Yes.
- 3 Q. And do you believe the medical and
- 4 scientific literature supports your opinions that
- 5 you've expressed here?
- 6 A. Yes.
- 7 O. And do you base your opinions here today
- 8 also on your review of not only the medical records
- 9 in this case, but also the pathology that you
- 10 reviewed?
- 11 A. Yes.
- 12 Q. And Counsel has pulled out this policy
- 13 from July of 2006 and suggested that you had
- 14 somehow given testimony without -- that is false,
- 15 misleading and without foundation.
- MR. VOUDOURIS: Objection.
- 17 BY MS. O'DELL:
- 18 O. Is that true?
- 19 A. No. I do not consider any of my testimony
- 20 to be false or misleading.
- Q. And have you endeavored to be
- 22 straightforward and honest in answering Counsel's
- 23 questions today?
- 24 A. Yes, I have.
- Q. And then Counsel suggested earlier

1 REPORTER'S CERTIFICATE 2 I hereby certify that the witness in the 3 foregoing deposition, KIMBERLY H. ALLISON, M.D., 4 was by me duly sworn to testify to the truth, the 5 whole truth, and nothing but the truth, in the 6 within-entitled cause; that said deposition was 7 taken at the time and place herein named; that the 8 deposition is a true record of the witness' 9 testimony as reported by me, a duly certified 10 shorthand reporter and a disinterested person, and 11 was thereafter transcribed into typewriting by 12 computer. 13 I further certify that I am not interested 14 in the outcome of the said action, nor connected 15 with, nor related to any of the parties in said 16 action, nor to their respective counsel. 17 IN WITNESS WHEREOF, I have hereunto set my 18 hand 3/21/2016. Level Carrillo Grabbes 19 20 21 22 LUCY CARRILLO-GRUBBS RPR 23

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